Taylor County District Attorney's Office SEXUAL ASSAULT PROTECTIVE ORDER APPLICATION – NOTICE TO APPLICANT

Dear Applicant,

Please think carefully before completing an Application for Protective Order. Before an application will be filed on your behalf by the Taylor County District Attorney's Office, <u>you must understand the following:</u>

Who may file an Application for Protective Order for Sexual Assault or abuse, stalking, or trafficking:

- A) A person who is the victim of an offense under: Section 21.02, Continuous Sexual Abuse of Young Child or Children; Section 21.11, Indecency with a Child; Section 22.011, Sexual Assault; Section 22.021, Aggravated Sexual Assault; or Section 42.072, Stalking of the Texas Penal Code. A parent or guardian acting on behalf of a person younger than 17 years of age who is the victim of one or more of these offenses.
- B) A person who is the victim of an offense under: Section 20A.02, Trafficking of Persons; Section 20A.03, Continuing Trafficking of Persons; or Section 43.05, Compelling Prostitution of the Texas Penal Code. A parent or guardian acting on behalf of a person younger than 18 years of age who is the victim of one or more of these offenses.
- C) A prosecuting attorney acting on behalf of a person described above.

A protective order is a civil lawsuit.

- 1. You must complete the entire Application. Do not leave any blanks. If a section does not apply to you, please mark the section N/A for not applicable.
- 2. There is NO GUARANTEE that a Protective Order will be granted. If a Protective Order is granted, you must contact the police department if the terms of the Order are violated.
- 3. No person may give permission to anyone to ignore or violate any provision of the Protective Order. A person who violates the Protective Order may be punished by contempt of court <u>carrying up to a \$500.00 fine and up to six months in jail</u>.
- 4. Once the final Protective Order Hearing is concluded, this office no longer represents you in any capacity. Neither the Victim's Advocate or any of the prosecutors can assist you with matters involving child support, visitation, and/or property division. You must contact a family law attorney if you need assistance in those areas.
- In addition to completing this Application, you should take any and all measures to protect yourself and your family. That includes reporting any recent or future acts of violence against you or your family to the police department.

I HAVE READ, UNDERSTAND, AND AGREE TO EACH OF THE TERMS AND CONDITIONS AND WOULD LIKE THE TAYLOR COUNTY DISTRICT ATTORNEY'S OFFICE TO REVIEW MY APPLICATION FOR PROTECTIVE ORDER.

If you have any questions, please 1786.	contact Anissa Rodriguez, Ad	lmin Asst, Protective Order and CPS	Division, at (325) 677
Printed Name	 Signature		

WAIVER OF CONFIDENTIALITY AND PRIVILEGE

<u>l,</u>	(name), have applied for a protective order through the
Taylor County Criminal District Attorney's offic	ce.
I understand that this office prosecutes criminal of Department of Family and Protective Services.	cases and child protective services cases on behalf of the
•	stant District Attorney are intended for use in open court. No ning I disclose to an Assistant District Attorney is intended to be
·	st me in the future for a criminal infraction, a protective order, or inderstand that all facts that I disclose in pursuit of this protective
I have either consulted with an attorney about this consulting an attorney.	is waiver, or I understand the waiver and wish to proceed withou
Applicant Signature	Date

Taylor County District Attorney's Office **PROTECTIVE ORDER APPLICATION**

TODAY'S DATE: ____

Your Information (Applicant)

Are your addresses confidential?

Yes / No

Name:				
Last	First	Л	Middle	Maiden/Other
Race: Sex:	Birth Date://	Age: D	Driver's License	No.:
Social Security No.:	_/Sa	fe E-mail:		
Address:		City:		County:
Zip Code:				
Home Phone:/	/ Cell Phone:	//	Work Pho	ne://
Employer:		Occupation:	:	
Work Address :		City:		Zip Code:
Mailing Address:		C	City:	Zip Code:
Emergency Contact				
Relati Do you have an attorney?	ive/ Friend's Name	Relationship		Phone Number
Name:	First		<i>Middle</i> Marital Status	Alias/Nickname s:
Driver's License No.:		•		
Address:				
Zip Code:				
Home Phone:/	Cell Phone:		Work Pho	ne:/
Employer:		Occupa	ation:	
Work Address :			City:	Zip Code:
Another address where the re	espondent can be served?			
Describe the Respondent:				
Height:'" Weight:ll	bs Build: Eye Co	olor: Sk	in Tone:	Hair Color/Style:
Describe any tattoos, birthma	irks, or scars:			
Glasses Beard Beard	Mustache Goate	ee Miss	ing Teeth	Gold Teeth
Dress at Home:		at Work	. <u>.</u>	
Citizen?:YesNo	Birth State:	How long	in Taylor County	y?:
Vehicle Information: Year: _	Model:	Make)* 	Color:
Condition: Li	cense Plate#			

Military	
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If yes, provide commanding officer name and military base location: the Respondent Owns Guns: secribe: there are they kept?: there are they kept?: the of Last Incident Information: asse briefly explain what happened: d you report the incident to the police? Incident Number: There: Incident Number: There: There: There are they kept?: When were they purchased? Start Incident: When were they purchased? Which agency responds to your home?: APD Sheriff Sheriff	Is the Respondent currently on <u>active duty</u> in the	e U.S. Armed Forces?	Yes No
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Information About Your Relationship

What type of relationship do you have with the Respondent?

Please check the appropriate category (ies): Previously Dated.

Currently married or Previously married (divorced) Currently live together or Previously lived together Biological parents of the same child(ren) Related by blood, describe: (brother, sister, mother, father, etc) Other - Describe: How long have you known the Respondent?: How long did you and the Respondent date?:_____ If you lived with the Respondent, what period of time did you live together?: If you are (were) married to the Respondent, how long have you been (were) married?:_____ When did you **LAST** separate / break-up with the Respondent?:_____ If you are divorced from the Respondent, when was your divorce final?:_____ Is a divorce OR custody case *currently* pending?: _____ Yes ____ No Do you and the Respondent have any child custody orders in place?:_____ Yes _____ No **IMPORTANT** If there are child visitation orders in place, we need to designate a neutral (safe) location for pick-up and drop-off of the children. Where would you like that place to be? It should be should be some place where you feel safe, like a police station that is open 24 hours. Please list a safe exchange location: Is there property the Respondent has that you want?:____ Yes No Describe: Is there property you have that the Respondent wants?:_____ Yes _____ No Describe:

Information About Your Children and People Who Live with You Now

Please list your children (whether or not they live with you). Please also list ANYONE who lives with you.

Name / Relationship to YOU Relationship to Respondent	Date of Birth / Age	School / Daycare Information Important: IS THIS ADDRESS CONFIDENTIAL? YES / NO	Has this person been assaulted / threatened OR witnessed violence?	Include this person on the protective order?
Name	//	School / Daycare Name	Yes	Yes
Relationship to YOU Relationship to RESPONDENT	\overline{Age}	Address	No	No
Name	//	School / Daycare Name	Yes	Yes
Relationship to YOU Relationship to RESPONDENT	Age	Address	No	No
Name	//	School / Daycare Name	Yes	Yes
Relationship to YOU	Age	Address	No	No
Relationship to RESPONDENT Name	//	School / Daycare Name	Yes	Yes
Relationship to YOU	\overline{Age}	Address	No	No
Relationship to RESPONDENT Name	//	School / Daycare Name	Yes	Yes
Relationship to YOU	Age	Address	No	No